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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-258-1CON

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRODUCTION OF PSEUDOTYPED RECOMBINANT AAV VIRIONS

the specification of which (check only one item below):

☒ [X] is attached hereto.

☐ was filed as U.S. Patent Application Serial Number _____
on _____, as amended on _ (if applicable).

☐ was filed as a PCT international application number _____ on
_____, as amended under PCT Article 19 on _ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

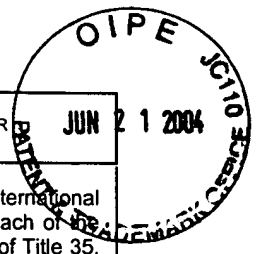
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

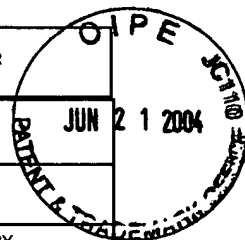
COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

US

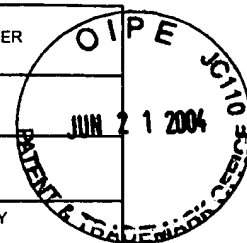


COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258-1CON	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
10/456,423	June 5, 2003			X	
60/385,864	June 5, 2002		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: Akerman Senterfitt Post Office Box 3188 West Palm Beach, FL 33402-3188			Direct Telephone Calls to: Stanley A. Kim (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME SNYDER	RST GIVEN NAME RICHARD	SECOND GIVEN NAME O.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3314 NW 21 ST Avenue	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32605 / USA	
202	FULL NAME OF INVENTOR	FAMILY NAME ZOLOTUKHIN	FIRST GIVEN NAME SERGEI	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UKRAINE	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1122 SW 96 th STREET	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32607 / USA	
203	FULL NAME OF INVENTOR	FAMILY NAME SAKAI	FIRST GIVEN NAME YOSHIHISA	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP JAPAN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4440 SW ARCHER ROAD, #1322	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA	
204	FULL NAME OF INVENTOR	FAMILY NAME BYRNE	FIRST GIVEN NAME BARRY	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 7902 SW 45th Lane	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA	
205	FULL NAME OF INVENTOR	FAMILY NAME POTTER	FIRST GIVEN NAME MARK	SECOND GIVEN NAME R.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5218 SW 70th Terrace	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258-1CON
206	FULL NAME OF INVENTOR	FAMILY NAME ZOLOTUKHIN	FIRST GIVEN NAME IRINE	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UKRAINE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1122 96 th Street	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32607, USA
207	FULL NAME OF INVENTOR	FAMILY NAME LOILER	FIRST GIVEN NAME SCOTT	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8302 SW 61 st Place	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
208	FULL NAME OF INVENTOR	FAMILY NAME CHIDO	FIRST GIVEN NAME VINCE	SECOND GIVEN NAME A.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3935 NW 19 th Terrance	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32605 / USA
209	FULL NAME OF INVENTOR	FAMILY NAME MUZYCZKA	FIRST GIVEN NAME NICHOLAS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9837 SW 67 th Drive	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
210	FULL NAME OF INVENTOR	FAMILY NAME HAUSWIRTH	FIRST GIVEN NAME WILLIAM	SECOND GIVEN NAME W.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 12001 SW 89 th Street	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
211	FULL NAME OF INVENTOR	FAMILY NAME FLOTTE	FIRST GIVEN NAME TERENCE	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY ALACHUA	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 13325 NW 112th Avenue	CITY Alachua	STATE & ZIP CODE/COUNTRY FLORIDA 32615 / USA
212	FULL NAME OF INVENTOR	FAMILY NAME BURGER	FIRST GIVEN NAME CORINNA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP SPAIN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10000 SW 52 nd Avenue	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
213	FULL NAME OF INVENTOR	FAMILY NAME RODRIGUEZ	FIRST GIVEN NAME EDGARDO	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1505 FORT Clarke Blvd., #5-207	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA
214	FULL NAME OF INVENTOR	FAMILY NAME NASH	FIRST GIVEN NAME KEVIN	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP AUSTRALIA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5950 SW 20th Avenue, #77	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32607 / USA



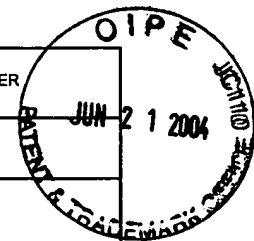
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA	
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Thomas Fraites</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 2/8/2004	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA	
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

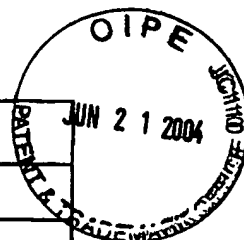


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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE 2-12-04	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

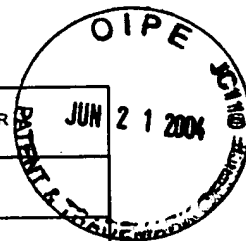
US

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258-1CON
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY NICEVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 104 Linda Court	CITY NICEVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32576 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY



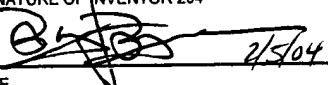
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

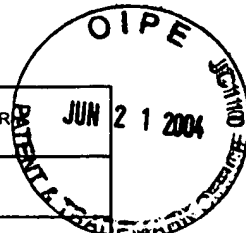
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 <i>Yoshinori Saker</i>
DATE	DATE	DATE <i>6-3-04</i>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA	
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204  2/5/04	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>[Signature]</i>	SIGNATURE OF INVENTOR 206
DATE	DATE 2-16-04	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

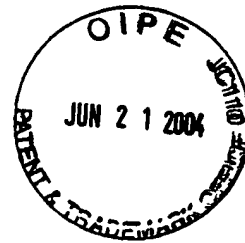
FULL NAME OF 3rd. INVENTOR: Yoshihisa Sakai

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: JAPAN

POST OFFICE ADDRESS: 4440 SW Archer Road, #1322, Gainesville, Florida 32608

FULL NAME OF 4th. INVENTOR: Barry J. Byrne

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 7902 SW 45th Lane, Gainesville, FL 32608FULL NAME OF 5th INVENTOR: Mark R. Potter

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 5218 SW 70th Ter., Gainesville, FL 32608FULL NAME OF 6th INVENTOR: Irine ZolotukhinINVENTOR'S SIGNATURE: *Irine Zolotukhin* DATE: 2-2-04

RESIDENCE: Gainesville, Florida

CITIZENSHIP: UKRAINE

POST OFFICE ADDRESS: 1122 SW 96th Street, Gainesville, Florida 32607FULL NAME OF 7th INVENTOR: Scott Loiler

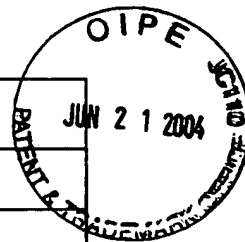
INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 8302 SW 61st Place, Gainesville, FL 32608

(WP136256;1)

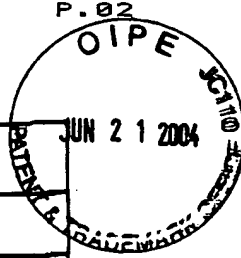


COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA	
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 <i>Scott Liles</i>	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE 2/6/04	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215 <i>Thomas J. Fraites Jr.</i>
DATE	DATE	DATE 2/6/04
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

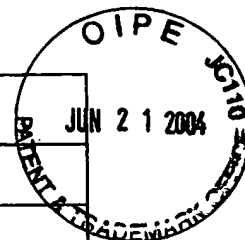
US



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		FRAITES	THOMAS	J.	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
		GAINESVILLE	FLORIDA	UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		321 SE 3 rd Street, Apt. G10	GAINESVILLE	FLORIDA 32601 / USA	
218	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

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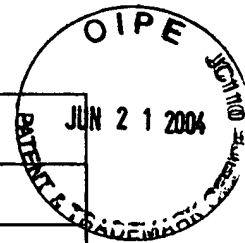
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

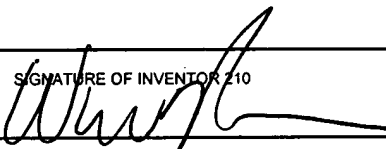
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209 <i>Nicholas Muzyska</i>
DATE	DATE	DATE 2/6/04
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
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DATE	DATE	DATE



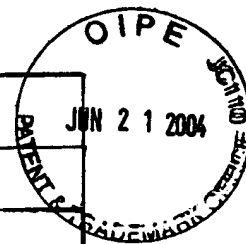
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
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DATE	DATE	DATE
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DATE 2-8-04	DATE	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

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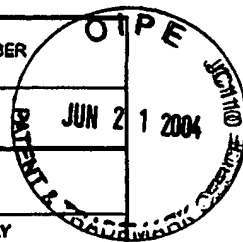
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 104 Linda Court	CITY NICEVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32578 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE 2/11/04	DATE
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
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SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258
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	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 SE 3 rd Street, Apt. G10	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32601 / USA
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
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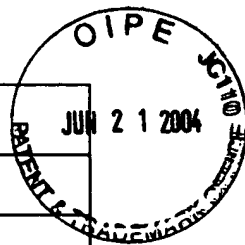
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212
DATE	DATE	DATE <i>2/9/04</i>
SIGNATURE OF INVENTOR 213	SIGNATURE OF INVENTOR 214	SIGNATURE OF INVENTOR 215
DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258	
215	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
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216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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DATE	DATE	DATE
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DATE 2-9-04	DATE 2/10/04	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-258-1CON	
215	FULL NAME OF INVENTOR	FAMILY NAME FRAITES	FIRST GIVEN NAME THOMAS	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY NICEVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 104 Linda Court	CITY NICEVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32578 / USA	
216	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 216	SIGNATURE OF INVENTOR 217	SIGNATURE OF INVENTOR 218
DATE	DATE	DATE

Thomas J. Fraites Jr.
May 18, 2004